

## **Application Data Sheet**

### **Application Information**

Application number:: Unassigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: STEREO IMAGING SYSTEM AND METHOD  
FOR USE IN TELEROBOTIC SYSTEMS  
Attorney Docket Number:: 017516-001520US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 12  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: DAVID  
Family Name:: GERE  
City of Residence:: Menlo Park  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2191 Avy Avenue  
City of Mailing Address:: Menlo Park  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: CHRISTOPHER  
Middle Name:: R.  
Family Name:: BURNS  
City of Residence:: South San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 30 Highcrest Lane  
City of Mailing Address:: South San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94080

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JOHN  
Middle Name:: D.  
Family Name:: STERN  
City of Residence:: Menlo Park  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2171 Harkins Avenue  
City of Mailing Address:: Menlo Park  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: MICHAEL  
Middle Name:: J.  
Family Name:: TIERNEY  
City of Residence:: Pleasanton  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3150 Arbor Drive  
City of Mailing Address:: Pleasanton  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94566

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application 09/378,173	Continuation of Nonprovisional of	09/378,173 60/111,714	08/20/99 12/08/98

### **Assignee Information**

Assignee Name:: Intuitive Surgical, Inc.  
Street of mailing address:: 1340 West Middlefield Road  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94043